

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Modifier and modifier description	Contracted rate for dates of service on and after 10/1/03	Reimbursement (federal share) paid on and after 10/1/03
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	TM — Individualized education program (IEP)	\$25.22	\$9.29
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	TM — Individualized education program (IEP)	\$25.22	\$9.29
92508 with modifier "TM"	group, two or more individuals	TM — Individualized education program (IEP)	\$8.33	\$3.07
97110 with modifiers "TM" and "GO"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP) GO — Services delivered under an outpatient occupational therapy plan of care	\$21.84	\$8.04
97150 with modifiers "TM" and "GO"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP) GO — Services delivered under an outpatient occupational therapy plan of care	\$7.20	\$2.65
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$21.84	\$8.04
97110 with modifiers "TM" and "GP"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP) GP — Services delivered under an outpatient physical therapy plan of care	\$25.28	\$9.31
97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP) GP — Services delivered under an outpatient physical therapy plan of care	\$8.35	\$3.08

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97001 with modifier "TM"	Physical therapy evaluation (per 15 min)	TM — Individualized education program (IEP)	\$25.28	\$9.31
T1024 with modifier "U2"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U2 — Individual IEP, psychological service	\$22.53	\$8.30
T1024 with modifier "U3"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U3 — Group IEP, psychological service	\$7.43	\$2.74
T1024 with modifier "U1"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U1 — M-team assessment and IEP, psychological service	\$22.43	\$8.26
T1024 with modifier "U5"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U5 — Individual IEP, counseling service	\$21.61	\$7.96
T1024 with modifier "U6"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U6 — Group IEP, counseling service	\$7.13	\$2.63

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T1024 with modifier "U4"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U4 — M-team assessment and IEP, counseling service	\$21.61	\$7.96
T1024 with modifier "U8"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U8 — Individual IEP, social work service	\$21.72	\$8.00
T1024 with modifier "U9"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U9 — Group IEP, social work service	\$7.17	\$2.64
T1024 with modifier "U7"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U7 — M-team assessment and IEP, social work service	\$21.72	\$8.00
T1002 with modifier "TM"	RN services, up to 15 minutes	TM — Individualized education program (IEP)	\$18.21	\$6.71
T1003 with modifier "TM"	LPN/LVN services, up to 15 minutes	TM — Individualized education program (IEP)	\$18.21	\$6.71
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$18.21	\$6.71

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T1024 with modifier "UA"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	UA — M-team assessment and IEP, other staff	\$22.61	\$8.33
E1399 with modifier "TM"	Durable medical equipment, miscellaneous	TM — Individualized education program (IEP)	Individually priced	Individually priced
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$29.34	\$10.81
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.35	\$1.23

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	A description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Case Management Services
PO Box 309
Madison WI 53701-0309